

**Law Offices of Marielo P. Puerta, PC**  
**Trust Building**  
**40 Pearl Street NW, Suite 430**  
**Grand Rapids, MI 49503-3027**

January 23, 2020

FOIA Clerk  
US Customs & Border Protection  
Office Diversity and Civil Rights  
90 K Street NE, 9<sup>th</sup> Floor  
Washington, DC 20229-1181

**Re: Freedom of Information Act Records Request**  
**Applicant: Maria Elena Hernandez-Lopez**  
**AKA: Elena Hernandez-Lopez; M. Elena Hernandez-Lopez; Hernandez M. Elena**  
**DOB: 01/09/1958**  
**Case #: CDJ1998654033**

Dear CBP FOIA Clerk:

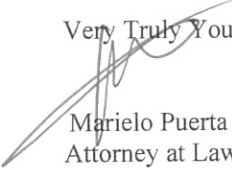
This letter is a formal request under the Freedom of Information Act (FOIA), as amended (5U.S.C.Sect.522), for all nonexempt portions of the information described below:

All document, forms or other written, photographic, electronic, computer or recorded materials and all printouts pertaining to the referenced request from the CIS, DACS, NCIC, CLAIMS, NIIS, and NAIL/IBIS databases, in the files of **Maria Elena Hernandez-Lopez** enclose my Form G-28 for the applicant. We in particular are interested in receiving a copy of **Maria Elena Hernandez-Lopez** records or any related correspondence.

As you are aware, the FOIA permits fees to be charged only for search and copying costs and not for review of the material. As an alternative to being assessed copying fees in excess of \$50.00, I wish to be contacted about the prospective amount of copying costs, and given the option of access to the requested documents that are responsive to my request so that I might review them without incurring duplication costs, and select those documents I wish copied. Section (a)(3) of the FOIA requires agencies to make documents and information promptly available. Section (a)(4) permits "recovery of only direct costs of such search and duplications." Therefore, agencies are required by law to make documents available for inspection and may not require the purchase of copies of documents.

I respectfully ask that your respond within 20 working days. If you have any questions regarding this request, please telephone me directly at (616) 454-2365. If this request is not stated with sufficient specificity, or if the request refers to documents or information not available in your office, I request a conference with you to remedy any defects in the request, pursuant to 8C.F.R.Sect.103.10(a)(2). Thank you for your anticipated cooperation.

Very Truly Yours,

  
Marielo Puerta  
Attorney at Law

**TEL: (616) 454-2365**

**FAX: (616) 454-2467**



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

Part 1. Information About Attorney or  
Accredited Representative

1. USCIS Online Account Number (if any)



Name of Attorney or Accredited Representative

2.a. Family Name  
(Last Name) PUERTA

2.b. Given Name  
(First Name) MARIELO

2.c. Middle Name P

Address of Attorney or Accredited Representative

3.a. Street Number and Name 40 PEARL ST NW

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 430

3.c. City or Town GRAND RAPIDS

3.d. State MI 3.e. ZIP Code 49503

3.f. Province

3.g. Postal Code

3.h. Country

USA

Contact Information of Attorney or Accredited  
Representative

4. Daytime Telephone Number

6164542365

5. Mobile Telephone Number (if any)

6. Email Address (if any)

marielopuertmi@gmail.com

7. Fax Number (if any)

6164542467

Part 2. Eligibility Information for Attorney or  
Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

MICHIGAN SUPREME COURT

1.b. Bar Number (if applicable)

P62562

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

LAW OFFICES OF MARIELO PUERTA

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☒ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)  
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☒ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)  
▶
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-

### Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature** (continued)

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of Client or Authorized Signatory for an Entity

→ Maria E Hernandez

2.b. Date of Signature (mm/dd/yyyy)

1/24/2020

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[Signature]

1.b. Date of Signature (mm/dd/yyyy)

1/24/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)





## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **HERNANDEZ-LOPEZ**

1.b. Given Name (First Name) **MARIA**

1.c. Middle Name **ELENA**

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

**Law Offices of Marielo P. Puerta  
Trust Building  
40 Pearl Street NW, Suite. 430  
Grand Rapids, MI 49503**

01/16/2020

**Mrs. Maria Elena Hernandez-Lopez**  
**AKA: Elena Hernandez-Lopez; M. Elena Hernandez-Lopez; Hernandez M. Elena**  
**Address: 736 Fremont Avenue, NW**  
**Grand Rapids, MI 49504**  
**Place of Birth: San Andres, Guanajuato, Mexico**  
**DOB: 01/09/1958**

I, **Rafael Hernandez-Parra**, herein authorize my attorney, Marielo P. Puerta, of the Law Offices of Marielo Puerta, PC to receive any and all information about me that is in the possession and control of the U.S. Customs and Border Protection Office.

Maria E. Hernandez  
**Maria Elena Hernandez-Lopez**

Subscribed and sworn to before me,  
A Notary Public, this 16th day of

January, 2020.

Brenda Bolt

Notary Public, Kent County, Michigan

**My Commission expires on September 13, 2022**

**Tel: (616) 454-2365    Fax: (616) 454-2467**



# Freedom of Information/Privacy Act Request

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-639  
OMB No. 1615-0102  
Expires 06/30/2022

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE** - Type or print in black ink.

## Part 1. Type of Request

Select **only one** box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)  
1.b. ☐ Amendment of Record (PA only)

## Part 2. Requestor Information

1. Are you the Subject of Record for this request?  
☐ Yes ☒ No

If you answered "Yes" to Item Number 1., skip to **Part 3**. If you answered "No" to Item Number 1., provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

### Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney  
2.b. ☐ An Accredited Representative of a Qualified Organization  
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.  
3.b. ☐ I am requesting information on behalf of someone who is deceased.  
3.c. ☐ I am requesting information on behalf of someone for whom I have power of attorney.

### Requestor's Full Name

- 4.a. Family Name (Last Name)   
4.b. Given Name (First Name)   
4.c. Middle Name

### Requestor's Mailing Address

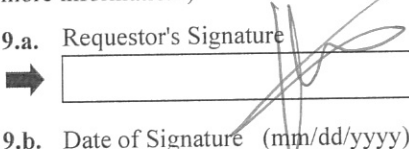
- 5.a. In Care Of Name (if any)   
5.b. Street Number and Name   
5.c. ☐ Apt. ☒ Ste. ☐ Flr.   
5.d. City or Town   
5.e. State  5.f. ZIP Code   
5.g. Province   
5.h. Postal Code   
5.i. Country

### Requestor's Contact Information

6. Requestor's Daytime Telephone Number   
7. Requestor's Mobile Telephone Number (if any)   
8. Requestor's Email Address (if any)

### Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature   
9.b. Date of Signature (mm/dd/yyyy)

### Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

**NOTE:** This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

ALL ENTRY AND EXIT RECORDS WITH CBP

### Full Name of the Subject of Record

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

### Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

### Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

### Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number
- 6.b. Passport or Travel Document Number
7. Alien Registration Number (A-Number) (if any)
8. USCIS Online Account Number (if any)
9. Application or Petition Receipt Number

### Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

#### Family Member 1

- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
11. Relationship

#### Family Member 2

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Relationship

### Parents' Names for the Subject of Record

#### Father

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name

**Part 3. Description of Records Requested**  
(continued)

**Mother**

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

ALL ENTRY AND EXIT RECORDS WITH CBP

**Part 4. Verification of Identity and Subject of Record Consent**

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

**Full Name of the Subject of Record**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

**Other Information for the Subject of Record**

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

**Mailing Address for the Subject of Record**

4.a. In Care Of Name (if any)

4.b. Street Number and Name

4.c. ☐ Apt. ☐ Ste. ☐ Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

**Contact Information for the Subject of Record**

**NOTE:** Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

**Part 4. Verification of Identity and Subject of Record Consent (continued)**

**Signature of the Subject of Record**

Select only one box.

**NOTE:** The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☒ **Notarized Affidavit of Identity**

**IMPORTANT:** Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Maria F. Hernández  
Signature of Subject of Record

1-23-2020  
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this 23rd  
day of January in the year 2020.

Daytime Telephone Number \_\_\_\_\_

[Signature]  
Signature of Notary

04-13-2022  
My Commission Expires on (mm/dd/yyyy)

8.b. ☐ **Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

\_\_\_\_\_  
Signature of Subject of Record

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

8.c. ☐ **Deceased Subject of Record**

**Part 5. Processing Information**

1. Indicate if any of these circumstances apply to your request (Select all that apply).

- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- ☐ The loss of substantial due process rights.
- ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☐ Yes ☒ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.



## Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

PUERTA

1.b. Subject of Record's Given Name (First Name)

MARIELO

1.c. Subject of Record's Middle Name

P

2. Subject of Record's A-Number (if any)

► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E2018299000000205819

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY  
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE  
DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
HERNANDEZ-LOPEZ, MARIA ELENA	360879XA8	2018/10/26

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1958/01/19	500	112	BRO	BRO

BIRTH PLACE  
MEXICO

PATTERN CLASS  
LS LS LS LS LS LS LS LS LS LS

1-ARRESTED OR RECEIVED 1995/01/31  
AGENCY-ICE-OFC OF INV HARLINGEN (TXICE2700)  
AGENCY CASE-

FINGERPRINT INFORMATION  
BSI/1000036947218  
PRINT DATE/1995/05/16

CHARGE 1-IMMIGRATION VIOLATION

RECORD UPDATED 2018/10/26

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.


## Translator Certificate

This is to certify that:

1. I am fluent in the Spanish and English languages.
2. I have prepared the attached translation of the document written in Spanish, which is also affixed.
3. The attached is a complete, true and accurate translation, prepared to the best of my ability.
4. I have affixed my signature below and to each of the following pages.
5. I have neither personal interest in, nor personal knowledge of the facts referenced in these documents.

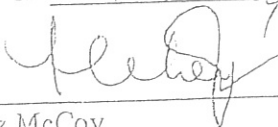
08/28/13

Date

  
Translator's Signature

Marielo Puerta  
Law Offices of Marielo Puerta, PC  
Trust Building, 40 Pearl Street NW  
Suite 430  
Grand Rapids, MI 49503  
Translator's Name & Address

Subscribed and sworn to before me,  
a Notary Public, this 28th  
day of February, 2013

  
Luz McCoy  
Notary Public, Kent County, Michigan.  
My commission expires on November 20, 2017.

## TRANSLATION OF BIRTH CERTIFICATE

Control Number: Not Stated

Personal Identification Registration Key: Not Stated  
Unique Key Population Register: Not Stated  
Civil of the State Register  
Birth Certificate  
Official of the Civil Registry: C. Angelina Tinoco Vazquez  
Civil State Registry of: Cerano, Yuriria, Guanajuato, Mexico  
Book No: 0001  
Page No: 8-v  
Certificate Number: 0022  
Date of Registry: 01/14/1958

### BIRTH CERTIFICATE DATA OF THE INSCRIPTION

Name and Last Name: HERNANDEZ M. ELENA  
Place of Birth: SAN ANDRES. GUANAJUATO. MEXICO  
01/09/1958                      FEMALE  
Date of Birth                      Gender

Name and Last Name of Father: GREGORIO HERNANDEZ  
Nationality: MEXICAN                      Age: 35

Name and Last Name of Mother: JUBENCIA LOPEZ  
Nationality: MEXICAN                      Age: 30

Paternal Grandparents: ALEJANDRO HERNÁNDEZ & AMADA REGALADO  
Nationality: NOT STATED


Maternal Grandparent: J.JESÚS LOPEZ & CASIMIRA MADRIGAL  
Nationality: NOT STATED

Witnesses:  
MANUEL LARA                      AGE: 70                      NATIONALITY: NOT STATED  
MIGUEL CISNEROS                      AGE: 50                      NATIONALITY: NOT STATED

OBSERVATION: NONE

CERTIFY: That the date above corresponds faithfully with those registered in the inscription that is being referred.

Date and Place of Expedition: 01/14/1998, Cerano, Guanajuato, Mexico





# GOBIERNO DEL ESTADO DE GUANAJUATO

En nombre del Estado Libre y Soberano de Guanajuato y como

Oficial del Registro Civil de CERANO YURIRIA, GTO. certifico ser

cierto que en el Libro No. UNO de NACI. del archivo de esta

Oficialia que es a mi cargo, a fojas 8-V. se encuentra asentada el

Acta No. 22 de fecha 14 del mes Enero del año de 1958

la cual contiene los siguientes datos esenciales:

## NACIMIENTO

NOMBRE HERNANDEZ M. ELENA

LUGAR DE NACIMIENTO SAN ANDRES, GTO.

FECHA DE NACIMIENTO 9 DE ENERO DE 1958 HORA 3:00

PRESENTADO: VIVO (X) MUERTO ( ) SEXO: MASCULINO ( ) FEMENINO (X)

COMPARECIO: EL PADRE (X) LA MADRE ( ) AMBOS ( ) PERSONA DISTINTA ( ) REG. ( )

## PADRES

NOMBRE GREGORIO HERNANDEZ EDAD 35 años

ORIGEN El Saúz, Cerano VECINDAD San Andrés NACIONALIDAD

NOMBRE JUBENCIA LOPEZ EDAD 30 años

ORIGEN Puruándiro, Mich. VECINDAD San Andrés NACIONALIDAD

## ABUELOS PATERNOS

NOMBRE ALEJANDRO HERNANDEZ

ORIGEN San José NACIONALIDAD

NOMBRE AMADA REGALADO

ORIGEN Morales NACIONALIDAD

## ABUELOS MATERNOS

NOMBRE J. JESUS LOPEZ (finado)

ORIGEN NACIONALIDAD

NOMBRE CASIMIRA MADRIGAL

ORIGEN Puruándiro, Mich. NACIONALIDAD

## TESTIGOS

NOMBRE MANUEL LARA

EDAD 70 años NACIONALIDAD

NOMBRE MIGUEL CISNEROS

EDAD 50 años NACIONALIDAD

PERSONA DISTINTA DE LOS PADRES QUE PRESENTO AL REGISTRADO

NOMBRE EDAD

PARENTESCO DOMICILIO

PAGADOS EN RECIBO No.

FORMA Y DERECHOS, TOTAL \$

En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda que acuda a la representación diplomática o consular mexicana más cercana.

EN CASO DE EMERGENCIA NOTIFICAR A / EN CASO OF AN EMERGENCY PLEASE NOTIFY / EN CAS D'URGENCE, PRIERE DE NOTIFIER A :

Nombre: \_\_\_\_\_  
 Dirección: \_\_\_\_\_  
 Entidad Federativa: \_\_\_\_\_  
 C.P. \_\_\_\_\_ Teléfono: \_\_\_\_\_

DOMICILIO DEL TITULAR / HOLDER'S ADDRESS  
: ADRESSE DU TITULAIRE

Dirección: \_\_\_\_\_  
 Entidad Federativa: \_\_\_\_\_  
 C.P. \_\_\_\_\_ Teléfono: \_\_\_\_\_

ESTE PASAPORTE ES VÁLIDO PARA TODOS LOS PAÍSES  
THIS PASSPORT IS VALID FOR ALL COUNTRIES  
CE PASSEPORT EST VALABLE POUR TOUS LES PAYS

[illegible]



**STATEMENT REGARDING COPIES OF DOCUMENTS**

Copies of documents are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an Immigration or Consular official at a later date.

Signature:  \_\_\_\_\_

Typed or Printed Name: Marielo P. Puerta, Esq.

Date: 1/24/2020